

# CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 49

OCTOBER, 1938

NO. 4

## California and Western Medicine

Owned and Published by the  
CALIFORNIA MEDICAL ASSOCIATION

Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062

Address editorial, business and advertising communications to  
Dr. George H. Kress as per address above.

EDITOR . . . . . GEORGE H. KRESS

**Advertisements.**—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

**BUSINESS MANAGER** . . . . . GEORGE H. KRESS

Advertising Representative for Northern California  
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Copyright, 1938, by the California Medical Association

Subscription prices, \$5 (\$6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

**Change of Address.**—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

**Responsibility for Statements and Conclusions in Original Articles.**—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

**Contributions—Exclusive Publication.**—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

**Contributions—Length of Articles: Extra Costs.**—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

**Leaflet Regarding Rules of Publication.**—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

## DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials . . . . .	249
Editorial Comment . . . . .	254
Original Articles . . . . .	256
Lure of Medical History . . . . .	308
Clinical Notes and Case Reports . . . . .	310
Bedside Medicine . . . . .	314
California Medical Association . . . . .	318
C. M. A. Department of Public Relations . . . . .	324
Woman's Auxiliary to C. M. A. . . . .	330
News . . . . .	332
Letters . . . . .	340
Medical Jurisprudence . . . . .	343
Special Articles . . . . .	343
Twenty-five Years Ago; State Examining Board . . . . .	352
Index to Advertisements . . . . .	Adv. p. 8

## EDITORIALS†

### IMPORTANT SPECIAL SESSION OF THE A. M. A. HOUSE OF DELEGATES

**An Historic Special Session of the American Medical Association House of Delegates.**—For the third time in many years, the House of Delegates of the American Medical Association was called into special session at Chicago, on Friday and Saturday, the 16th and 17th of September, and elsewhere in this issue of the Official Journal‡ appear a chronicle and comments on the proceedings of the two all-day meetings, at which policies of paramount importance to future medical practice were discussed. Members of the California Medical Association are therefore urged to read these articles because—believe it or not—the principles there considered and acted upon are such that, if they or their modifications are placed in operation, it is possible the future professional and personal welfare of every physician now in active practice may be involved.

So rapid are some of the present tendencies that it is difficult—even for those members of the profession who in recent years have been making special efforts to keep themselves mentally alert and in touch with passing events—to know the place and time, where and when political changes will be initiated, and on so firm a foundation that the nature of medical practice, as it now exists and has long been understood and interpreted, will not only be imperiled, but be made to change; and that, too, no matter how unanimous physicians may be in resisting the innovations. What is hinted at, of course, is the possibility of the United States establishing a plan of health insurance under governmental influence, through plans closely akin or modeled after the German Krankenkassen or British panel systems.

\* \* \*

**Impending Dangers to Medical Practice May Be Prevented.**—Fortunately, if the members of the medical profession in the United States will realize—before it is too late—the impending dangers, it is possible that the infliction of these foreign methods of medical practice may be averted. That this would be eminently desirable is readily

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

‡ See page 318.

seen when it is perceived how unsuited are such methods, even in their respective lands, to the best development of scientific medicine and its practices. In our own country, with its existing political organization, they are still more unadaptable, and would without doubt lead to deplorable results by bringing about a medical practice, surcharged with dull regimentation, mediocrity and elements yet worse. Such deleterious factors must not be permitted to debauch a profession whose altruistic and forward-visioned services have been mainly responsible for making it possible for the United States of America to give to its people rates of morbidity and mortality and life expectancies superior to the best that can be shown by any other civilized country. How natural, then, that physicians, knowing these simple and indisputable facts, should rebel at plans, under political or other sponsorship, that would do away with such unalloyed blessings! In a consideration of the recent session of the American Medical Association House of Delegates, these facts must be kept in mind.

\* \* \*

**American Medical Association Is a Federacy and Its House of Delegates Is a Representative Body.**—As is, of course, widely known, the American Medical Association is the mouthpiece of organized, scientific medicine throughout the United States. It is a federacy of constituent state associations, in turn made up of component county medical societies, the basic law permitting only one constituent association for each state, and only one society or unit in each county. The county societies, in proportion to their rolls of local members, elect a certain number of representatives to make up the House of Delegates of the State Association, to which is delegated the responsibility of electing—again on the numerical basis of membership—a certain quota of representatives to become members of the House of Delegates of the American Medical Association. In this federacy, the 6,000 members of the California Medical Association are represented by seven delegates in the American Medical Association House of Delegates. At the recent special session in Chicago, the full California delegation was in attendance. The House of Delegates of the American Medical Association, therefore, there assembled was about as representative a body as could be formed. True, its members reflect the viewpoints of the states from which they come, and the fact that principles enunciated and actions taken by the American Medical Association House of Delegates do not always receive cordial and unanimous consent from all its members means nothing else than that medical practice problems may be and are quite different in the various sections of the United States. This fact, unfortunately, is not at all times kept in mind by lay theorists and propagandists who, carried away in ecstasy by paper schemes of their own groups and cults, in an unctious feeling of self-sufficiency, would impress their compulsory health systems not only upon the people at large, but upon the medical profession of these United States.

**The Medical Profession, Not Theorists and Propagandists, Must Lead.**—We know that we, ourselves, as medical men and women, find it difficult occasionally to solve some of the social welfare and economic problems so often intimately associated as causative factors in sickness due to bodily disease; but at least—and in spite of the fact that the educational standards of nonsectarian medicine more than measure up to the best among any of the professions, and that the first-hand knowledge and experience of physicians should give them special license to speak—we, be it said to our credit, are not egotistical enough to flaunt a universal plan before the public as a scheme that would tremendously lessen, if not actually do away with, human illness and suffering.

\* \* \*

**Obligation of Every Physician.**—The thought contributory to the above comments is that every member of the profession of scientific medicine, in these present days, owes it to himself, and to the people to whom he has dedicated his life service, to keep in touch with current public welfare, political and medical trends, and so, to take an active interest, that he will promote meetings in his county medical society where these important matters may be discussed and clarified. There and then, the constituted officers of his medical organizations may be made acquainted with his own views and his unqualified willingness to give the fullest coöperation in upholding the standards of scientific medicine, to the end that adequate medical service may be given to all the people, no matter to what income groups they may belong.

To that fundamental principle the physicians of today are as firmly devoted as in the years long passed, and during which their public health and other labors have brought to our fellow countrymen so many blessings in the prevention and cure of disease.

#### PROPOSED "HUMANE" DOG-POUND LAW (INITIATIVE NO. 2)

**Proposed Initiative a Menace to the Public Health.**—California's public health interests will be directly and seriously endangered if Initiative Proposition Number 2 (Humane Dog Pound Initiative) receives the favorable vote of the State's electorate. The deplorable effects will extend farther than California, because this guinea-pig experiment by the antivivisectionist group, if it is carried through to successful conclusion in California, will no doubt be imitated in other states of the Union.

\* \* \*

**Title of the Initiative Is Misleading.**—As has been stated in previous issues of CALIFORNIA AND WESTERN MEDICINE, the euphonious phraseology of the proposed law, and the high-sounding appeals for its passage on the sentimental plea, "Protect Man's Best Friend, the Dog!" etc. (backed, as the efforts are, by a goodly number of newspapers, movie stars and other factors in publicity) have